



Commonwealth of Massachusetts | Executive Office of Health and Human Services | MassHealth
MEMBER BOOKLET

A guide for people who are under age 65 and who are not living in a nursing home or other long-term-care facility

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INTRODUCTION

We hope that this booklet answers important questions that you may have about how to get health-care benefits under MassHealth. If you have any questions after reading this booklet, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss).

MassHealth provides health-care benefits to certain low- and medium-income people living in Massachusetts. MassHealth offers these benefits to you directly or by paying part or all of your other health-insurance premiums.

This booklet describes benefits for persons who are under age 65 and who generally are not living in nursing homes or other long-term-care facilities.

There are some basic rules for getting MassHealth. Even if you or your family already have other health insurance (See “MassHealth and other health insurance” on page 19 of this booklet.), you may be eligible if your family’s income is low or medium (See page 20 of this booklet for a chart that shows the income limits.), and you meet one of the following descriptions:

- you are a parent living with your children under age 19, or
- you are an adult caretaker relative living with children under age 19 to whom you are related by blood, adoption, or marriage, or are a spouse or former spouse of one of those relatives, and you are the primary caretaker of these children when neither parent is living in the home, or
- you are under age 19, whether or not you live with your family, or
- you are pregnant, with or without children, or
- you have been out of work for a long time, or
- you are disabled, or
- you are an adult who works for a qualified employer, or
- you are HIV positive.

This booklet also describes benefits for certain persons aged 65 or older if they are parents or caretaker relatives of children under age 19, or are disabled and working 40 or more hours a month, or are certain disabled immigrant children under age 19 who live in nursing homes or other long-term-care facilities.*

*If you are aged 65 or older and are not described above, or if you are any age and applying for benefits that cover nursing home or similar care and are not described above, you should call us at one of the telephone numbers on page 23 to find out about other MassHealth benefits that you may be able to get.

To get MassHealth, you must fill out a form called a Medical Benefit Request. If you have an application package, the Medical Benefit Request is included with your MassHealth Member Booklet. If you do not have an application package and would like to get a Medical Benefit Request, call one of the telephone numbers listed on page 23.

We have tried to make the Medical Benefit Request easy for you to fill out. Be sure to read all instructions before you begin. You must fill out the first four pages and sign the form. If any of the attached Medical Benefit Request supplements apply to you or any of your family members, you must also fill out and send them back with your Medical Benefit Request.

Your family includes you, your spouse, and your children under age 19, if you are all living together. If neither parent is living in the home, your family group may include children under age 19 and an adult caretaker relative who are all living together. We explain how we count family size on page 20 of this booklet. If more than one family lives in your home and wants to apply for MassHealth, they will need to fill out a separate form.

MassHealth uses state and federal rules when it decides if you or your family members are eligible for MassHealth. These rules are explained in this booklet. If you are eligible, you will get the most complete coverage that you qualify for.

MassHealth provides health-care benefits to its members through the following coverage types and programs.

MassHealth Coverage Types

MassHealth Standard

MassHealth CommonHealth

MassHealth Family Assistance

MassHealth Basic

MassHealth Essential

MassHealth Prenatal

MassHealth Limited

MassHealth Programs

Children’s Medical Security Plan (CMSP)

Healthy Start Program (HSP)

The rules for each coverage type and program are described in this booklet. The type of MassHealth coverage you may get may depend on your immigration status. (See “Citizenship and immigration rules” on page 20.)

We hope this booklet makes it easier for you to understand MassHealth. Please keep your booklet. It contains important information you may want to look up about MassHealth.

SECTION I

How to get MassHealth

How to apply for MassHealth

1. You need to fill out a form called the Medical Benefit Request and send the form and proof of your income to:
**MassHealth Enrollment Center
 Central Processing Unit
 P.O. Box 290794
 Charlestown, MA 02129-0214.**
2. You must give us proof of your monthly income before taxes and deductions for every person in your family. Proof may be two recent pay stubs, a U.S. tax return (if you are self-employed or have rental income), or copies of other check stubs you get, like from unemployment, or a social security award letter that shows the gross amount (before deductions). If you are self-employed or have rental income, we count your income after allowable deductions.
3. As soon as we get the information we need, we will decide if you can get MassHealth. We base our decision on state and federal law.
4. If you are eligible, we will give you the most complete coverage that you qualify for.

You may get a Medical Benefit Request form by calling a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss), or the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

You can also get help filling out the form by calling these telephone numbers.

The Medical Benefit Request (in English and Spanish) is also available online at www.mass.gov/masshealth.

The MassHealth card

Depending on what you are eligible for, you will get a MassHealth card and/or a CMSP or Healthy Start card that lists the eligible members of your family. You must show your card or cards to your doctor or other health-care provider whenever you get medical care. If you have a MassHealth card and have other health insurance, be sure to show all cards. If you are eligible only for payment of health-insurance premiums (for example, some MassHealth Family Assistance, Basic, and Essential members who only get premium assistance), you will not get a MassHealth card.

MassHealth Medical Benefit Request		For office use only	
<p>This is an application for MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, and the Uncompensated Care Pool. Please answer all questions, and fill out all sections and any supplements that apply to you and your family. You do not have to be a U.S. citizen to get MassHealth. Please print clearly. If you need more space to finish any section on this form, please use a separate sheet of paper, and attach it to the application.</p>		<p>Screener ID: _____ Date received: _____ Interpreter code: _____ Referred by: _____ Entry date: _____</p>	
Head of Household			
1. Last name		First name	MI
City		State	Zip
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		Social security number*	
If yes, is this person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no		Date of birth / /	
Spoken language choice		Written language choice	Ethnicity (optional)
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Race (optional)	
Telephone numbers (List work number only if we can call you at work.)		Home: { } Work: { }	
Other Family Members			
List all other members of your family group. Do not repeat head of household information in this section. See instruction page for description of a family group.			
2. Last name		First name	MI
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, is this person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social security number*	
Date of birth / /		Relationship to head of household	
Spoken language choice		Written language choice	Ethnicity (optional)
3. Last name		First name	MI
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, is this person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social security number*	
Date of birth / /		Relationship to head of household	
Spoken language choice		Written language choice	Ethnicity (optional)
4. Last name		First name	MI
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, is this person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social security number*	
Date of birth / /		Relationship to head of household	
Spoken language choice		Written language choice	Ethnicity (optional)
5. Last name		First name	MI
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, is this person a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social security number*	
Date of birth / /		Relationship to head of household	
Spoken language choice		Written language choice	Ethnicity (optional)
Pregnancy			
Are you or any family member pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no			
Name		Are you or this person pregnant with: <input type="checkbox"/> 1 baby? <input type="checkbox"/> twins? <input type="checkbox"/> triplets? If more, how many? _____	
Due date / /			
American Indian/Alaska Native			
Family members under the age of 19 who are Alaska Natives or members of a federally recognized American Indian tribe who get MassHealth Family Assistance may not have to pay any premiums for this coverage.			
Are you or any family member who is under the age of 19 an Alaska Native or a member of a federally recognized American Indian tribe? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, names: _____			
*Required. If one has been issued and this person is applying for MassHealth, except for MassHealth Limited, CMSP, Healthy Start, or the Uncompensated Care Pool.			
MBR-1 (Rev. 10/05) 1. Please go to the next page. ▶			

Our decision and your right to appeal

We will send you a notice to let you know if you can get MassHealth or not under one of the coverage types and programs described in Section II of this booklet. If you think that our decision is wrong, you have the right to appeal it.

For information on how to appeal, read “Request for a Fair Hearing,” which is on the back of the MassHealth notice. It will tell you what you need to do to ask for an appeal and the time frames in which to ask for it.

If you have questions about a MassHealth notice or how to ask for an appeal, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss).

More specific information about MassHealth can be found in the MassHealth regulations at 130 CMR 450.000, 501.000 through 508.000, 522.000, and 610.000.

This booklet reflects the rules and income standards in effect on July 1, 2005.

SECTION II

Details about each MassHealth coverage type and program

This section of the booklet will help you learn about the MassHealth coverage types and programs and if you might be eligible for any. For each of the coverage types and programs, this section tells you:

Who can get benefits

What the income standards are

What health services are covered

When coverage begins

If you apply, you will get a notice from us. The notice will tell you if you can get benefits and when they will begin. We will give you the most complete coverage that you qualify for.

MassHealth Standard

This coverage type offers a full range of health-care benefits.

Who can get benefits

You may be able to get MassHealth Standard if you are:

- pregnant,
- under age 19,
- a parent living with your children under age 19,*
- an adult caretaker relative living with children under age 19 to whom you are related and for whom you are the primary caretaker when neither parent is living in the home,*
- disabled according to the standards set by federal law. This means you have a mental or physical condition that limits or keeps you from working for at least 12 months. MassHealth decides if you meet the disability standards, or
- eligible based on special rules, which let you keep these benefits for up to 12 months after you have gone back to work or gotten a raise, no matter how much your new earnings are.*

* These benefits are also available for parents and caretaker relatives who are aged 65 or older.

Premiums

Certain members who are eligible for MassHealth Standard will be charged a premium for their coverage. If you must pay a premium, we will tell you the amount and send you a bill every month.

Pregnant women and children under age six are not charged a premium for coverage.

If you have health insurance, see the section on MassHealth and other health insurance on page 19.

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family.

For pregnant women and children under age one

Your family's monthly income before taxes and deductions can be no more than 200% of the federal poverty level. If you are pregnant, your unborn child (or children) is counted in your family size, which means there are at least two people in your family.

For children aged one through 18

Your family's monthly income before taxes and deductions can be no more than 150% of the federal poverty level.

For parents or caretaker relatives of children under age 19

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level. A caretaker relative may choose to be part of the family or not.

For disabled adults

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level.

See the chart on page 20 for the federal poverty levels.

Immigrants: Certain immigrants cannot get MassHealth Standard. This includes some immigrants who entered the United States on or after August 22, 1996, or who have lived in the United States under color of law. But they may be able to get health-care benefits under other MassHealth coverage types and programs. (See "Citizenship and immigration rules" on page 20.)

Covered services

In MassHealth Standard, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services
- Outpatient services: hospitals, clinics, doctors, dentists (limited dental coverage for adults), family planning, and home-health care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses (restrictions apply), hearing aids, medical equipment and supplies, adult day health, and adult foster care
- Mental-health and substance-abuse services: inpatient and outpatient
- Well-child screenings (for children under the age of 21): including medical, vision, dental, and hearing tests, as well as shots and prescription and nonprescription drugs
- For disabled adults who also get Medicare Part B: payment of the Medicare premium, and if applicable, coinsurance, and deductibles
- Transportation services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105. You may have copayments for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible, your health-care coverage may begin 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000. Members who do not have other health insurance must choose a MassHealth Standard health plan. For more information, see "Choosing a health plan and a doctor" on page 17.

Immediate coverage for your children

If you are not able to send us proof of your income with your Medical Benefit Request, MassHealth Standard offers health-care benefits right away for a limited period of time to children under age 19. To get the immediate coverage, these rules apply:

- You do not need to give us proof of your income right away. But you will need to prove your income for MassHealth to make a final decision about your child's MassHealth coverage.
- Your child's health-care coverage will begin 10 calendar days before the date MassHealth gets your Medical Benefit Request. If you do not give us proof of your income, your child's health-care benefits will end in 60 days.
- You may have to pay a premium for the immediate coverage.

Extended eligibility through Transitional Medical Assistance

Certain MassHealth Standard members may be eligible for up to 12 months of benefits after their income has gone above 133% of the federal poverty level. MassHealth will give Transitional Medical Assistance (TMA) to parents and caretaker relatives of children under age 19 and their children if the family's income has gone up because a family member has gone back to work or gotten a raise. To get TMA, the family must give us proof of the new income and tell us when the increase began. Parents and caretaker relatives of children under age 19 who are aged 65 or older may also get TMA.

MassHealth CommonHealth

MassHealth CommonHealth offers health-care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

Who can get benefits

You may be able to get MassHealth CommonHealth if you are:

- a disabled child under age 18, or
- a disabled person aged 18 or older who:
 - works 40 hours or more a month, or
 - is under age 65 and is not working, or if working meets certain state and federal rules.

MassHealth decides if you are disabled under state and federal law. For an adult, this generally means you have a physical or mental condition that severely limits your ability to work or to do certain activities for at least 12 months.

If you have health insurance, see the section on MassHealth and other health insurance on page 19.

MassHealth may limit the number of adults who are enrolled in the CommonHealth program.

When enrollment limits are reached, new adult applicants will be placed on a waiting list. As space becomes available, these adults will be enrolled in order of their application date.

Income standards

There is no income limit for MassHealth CommonHealth. If your monthly income before taxes and deductions is above 100% of the federal poverty level, you may have to pay a premium or meet a one-time-only deductible. (This is explained on pages 6 and 7.)

Covered services

In MassHealth CommonHealth, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services
- Outpatient services: hospitals, clinics, doctors, dentists (limited dental coverage for adults), family planning, and home-health care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses (restrictions apply), hearing aids, and medical equipment and supplies
- Mental-health and substance-abuse services: inpatient and outpatient

- Well-child screenings (for children under the age of 21): including medical, vision, dental, and hearing tests, as well as shots and prescription and nonprescription drugs
- Transportation services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105. You may have copayments for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible, your health-care coverage may begin 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days, or if you meet your deductible as described below.

Premiums

If your income is above 100% of the federal poverty level, you will have to pay monthly premiums. The amount of the premium is based on:

- your monthly income before taxes and deductions, as it compares to the federal poverty level,
- your family size, and
- other health insurance you might have.

If you must pay a premium, we will tell you the amount and send you a bill every month.

The one-time-only deductible

Certain disabled adults whose income is too high to get MassHealth Standard must meet a one-time-only deductible before getting MassHealth CommonHealth. The deductible is the amount that a family's income before taxes and deductions is higher than MassHealth's deductible income standard for a six-month period.

MassHealth will tell you if you must meet a deductible to get MassHealth CommonHealth. You will be told the amount of the deductible. To meet the deductible, you must have medical bills that equal or are more than the deductible amount. You may use the bills of any member of your family including yourself, your spouse, and your children under age 19 to meet your deductible. You are responsible for paying these bills. You cannot use bills or portions of bills that are covered by other health insurance.

Medical bills that may be used to meet a deductible include:

- the cost of health-insurance premiums for your family over the six-month period,
- unpaid bills you got before or during the deductible period, and
- bills that were paid during the deductible period.

The deductible period begins 10 calendar days before the date that MassHealth gets your Medical Benefit Request and ends six months after that date. If you submit bills to meet a deductible, the medical coverage date also begins 10 calendar days before the date MassHealth gets your Medical Benefit Request.

A more detailed description of the MassHealth eligibility requirements, including premium schedules, can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000. More details about the one-time-only deductible can be found at 130 CMR 506.009.

The deductible income standard

Family Size	Standard
1	\$542
2	\$670
3	\$795

Example	
\$1,500	monthly income before taxes and deductions for a family of two
<u>- 670</u>	income standard for a family of two
\$830	excess income
<u>x 6</u>	six-month period
\$4,980	deductible amount

In this example, a deductible is met when the family has medical bills that are not covered by any other health insurance and the bills total \$4,980. Remember, your family includes you, your spouse, and your children under age 19.

MassHealth Family Assistance

MassHealth Family Assistance offers coverage to children, some working adults, and people who are HIV positive who cannot get MassHealth Standard or MassHealth CommonHealth.

About this coverage type

If you have children under age 19 who live with you, MassHealth Family Assistance:

- pays part of your family's health-insurance premiums if you have or can get qualified health insurance from your employer, or
- allows you to enroll your children in a health plan through MassHealth if you do not have and cannot get other health insurance. The monthly premium cost to enroll your child in a health plan through MassHealth is \$12 per eligible child, but no more than \$36 total for a family.

Note: Members of federally recognized American Indian tribes or Alaska Natives do not have to pay premiums.

A more detailed definition of who is considered to be an American Indian or Alaska Native can be found in the MassHealth regulations at 130 CMR 501.001.

If you do not have children under age 19 living with you, MassHealth Family Assistance offers health-insurance coverage by paying part of your employer-sponsored health-insurance premiums if:

- you work for a qualified employer who participates in the Insurance Partnership, as described on page 10, or
- you are self-employed and meet MassHealth's rules to be a qualified employer.

MassHealth will also give the qualified employer or the self-employed individual an Insurance Partnership payment to help pay for the insurance.

If you are HIV positive and under age 65, MassHealth Family Assistance may pay part or all of your health-insurance premiums if you have or can get group health insurance from your employer or other source (you will have to pay a member share), and may

- provide certain medical services not covered by your health insurance, or
- allow you to enroll in MassHealth's Primary Care Clinician (PCC) Plan if you do not have other health insurance.

Who can get benefits

You may be able to get MassHealth Family Assistance if you are:

- aged one through 18, or
- under age 65 and working, and you
 - are not eligible for MassHealth Standard or MassHealth CommonHealth,
 - work for a qualified employer who participates in the Insurance Partnership, as described on page 10,
 - have employer-sponsored health insurance that meets MassHealth standards as explained on page 19, and
 - pay part of the cost of that health insurance, or
- under age 65 and HIV positive and are not eligible for MassHealth Standard or MassHealth CommonHealth.

MassHealth may limit the number of adults who are enrolled in the Family Assistance HIV program and childless adults in the Insurance Partnership.

When enrollment limits are reached, new adult applicants will be placed on a waiting list. As space becomes available, these adults will be enrolled in order of their application date.

Income standards

Your family's income before taxes and deductions can be no more than 200% of the federal poverty level. Individuals whose eligibility for Family Assistance is based only on their HIV-positive status can have income before taxes and deductions that is also no more than 200% of the federal poverty level. See the chart on page 20 for the federal poverty levels.

Immediate coverage for your children

MassHealth Family Assistance offers health-care benefits right away for a limited period of time to your uninsured children under age 19, if:

- you are not able to send us proof of your income with your Medical Benefit Request, or
- you tell us you may be able to get health insurance from your employer.

If you get immediate coverage for your children, these rules apply:

- Your child's health-care benefits begin as soon as MassHealth gets your Medical Benefit Request.
- You must give us proof of your income within 60 days. If you do not, your child's health-care benefits will end.

- When we get proof of your income, we will collect information about any other health insurance that may be available to you. Once we review that information, we will make a final decision about your child's MassHealth coverage. Your child's immediate coverage will not end until we do this.
- You may have to pay a premium for the immediate coverage.

Immediate coverage for people who are HIV positive

MassHealth Family Assistance offers health-care benefits right away for a limited period of time to people who are HIV positive if they give us proof that their income before taxes and deductions is also no more than 200% of the federal poverty level. See the chart on page 20 for the federal poverty levels.

If you get immediate coverage, these rules apply:

- You must give us proof within 60 days that you are HIV positive. This proof may be a letter from a doctor, clinic, lab, or AIDS service provider or organization that shows the name of the person who is HIV positive and his or her positive test result. You will have to pay a premium for the immediate coverage.
- If we do not get this proof within 60 days, we will determine your eligibility for MassHealth as if you are not HIV positive.

Rules about other health insurance for families with children under age 19

- If you or a family member can get health insurance from work that meets MassHealth standards (as explained on page 19), and you enroll in that health insurance, we will pay part of your health insurance premiums.
- If your family does not have or cannot get other health insurance, you may be able to enroll your children under age 19 in one of our health plans.

Rules about other health insurance for people who are HIV positive

- If you are HIV positive and have health insurance from your employer or another source, we may pay part or all of your health-insurance premium and/or pay for certain services that are not covered by your health insurance.
- If you do not have other health insurance, we may enroll you in MassHealth's Primary Care Clinician (PCC) Plan.

Collecting information about your health insurance

If you already have health insurance, you cannot get immediate MassHealth coverage for your children (unless they are HIV positive). We will collect information about your health insurance before we decide if you can get MassHealth. We need to know:

- the benefits covered by your health insurance to see if your health insurance meets MassHealth standards as explained on page 19,
- if the policyholder is a member of your family,
- the amount your employer pays toward your health-insurance premium, and
- if you do not have children under age 19, if you work for a qualified employer, as described on page 10.

Covered services

If MassHealth decides you can get MassHealth Family Assistance, you can get coverage in one of two ways.

- Under premium assistance, we pay part of your family's health-insurance premiums. For families with children under age 19, you will generally have to pay no more than \$12 for each eligible child, and no more than \$36 total for a family. For families with no children under age 19, you will have to pay \$27 for each covered adult. In some situations, the cost will be more. Your benefits will include all those services covered by your health insurance.

The formulas MassHealth uses to make these calculations can be found in the MassHealth regulations at 130 CMR 506.012.

Important! In MassHealth regulations 130 CMR 505.005 and 506.012, payment of part of your family's health-insurance premiums is called "premium assistance."

- Or, if you do not have other health insurance, you may enroll your children in a health plan through MassHealth.

Persons enrolled in a health plan through MassHealth get the applicable services listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services
- Outpatient services: hospitals, clinics, doctors, dentists (limited dental coverage for adults), family planning, and home-health care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses (restrictions apply), hearing aids, and medical equipment and supplies
- Mental-health and substance-abuse services: inpatient and outpatient

- Well-child screenings: including medical, vision, dental, and hearing tests, as well as shots and prescription and nonprescription drugs
- Emergency ambulance services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

Some of the services not covered

The following services are not covered when you are enrolled in a health plan through MassHealth.

- Transportation services, except for emergency ambulance services
- Day-habilitation services
- Personal-care services
- Private-duty-nursing services
- Nursing-facility services

Coverage begins

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for MassHealth or in the month your health-insurance deductions begin, whichever is later.

If you do not have other health insurance and do not get immediate coverage as described on pages 8 and 9 of this booklet, your health-care coverage begins 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

How you get your benefits

If you are enrolled with your employer's health insurance, MassHealth will help you pay for this insurance in one of two ways:

- your employer will reduce the amount withheld from your paycheck for health insurance by the amount of your premium-assistance benefit, or
- you will get a monthly check for the amount of your premium-assistance benefit.

What is a qualified employer?

An employer is qualified if he or she:

- has no more than 50 full-time employees,
- purchases health insurance that meets MassHealth's approved basic benefit level,
- contributes at least half of the cost of the health-insurance premium, and
- participates in the Insurance Partnership.

What is an Insurance Partnership payment?

To encourage small employers to offer health insurance to their employees, MassHealth gives your employer an Insurance Partnership payment if he or she participates in the Insurance Partnership. If your employer currently does not participate, encourage him or her to call 1-800-399-8285 to learn more about the Insurance Partnership.

MassHealth Basic

This coverage type offers coverage to certain unemployed adults by:

- paying for all or part of the cost of your other health-insurance premium; or
- allowing you to enroll in a health plan through MassHealth if you do not have other health insurance.

If you are found eligible for Basic, and think you have a serious disability, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss). You may be able to get more health-care benefits.

Who can get benefits

You may be eligible for MassHealth Basic if you are under the age of 65 and you are getting services or are on a waiting list to get services from the Department of Mental Health and:

- you are currently not working,
- you have not worked in more than one year; or, if you have worked, you have not earned enough to collect unemployment, and
- you are not eligible to collect unemployment benefits.

You may also be eligible for MassHealth Basic if you are an individual or a member of a couple who is getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) cash assistance.

Note: The following people are not eligible for MassHealth Basic:

- a college student who can get health insurance from his or her college or university, and
- a person whose spouse works more than 100 hours a month.

Income standards

You must give us proof of your monthly income before taxes and deductions for both you and your spouse. Your family's monthly income before taxes and deductions can be no more than 100% of the federal poverty level. See the chart on page 20 for the federal poverty levels.

Covered services

If MassHealth decides you can get MassHealth Basic, you can get coverage in one of two ways.

- Under premium assistance, MassHealth will pay part or all of your other health insurance premium. Your benefits will include all those services covered by your other health insurance.

- If you do not have other health insurance, you may enroll in a health plan through MassHealth.

If you are enrolled in a health plan, you may get the services listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services
- Outpatient services: hospitals, clinics, doctors, dentists (limited dental coverage for adults), family planning, and limited home-health care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses (restrictions apply), hearing aids, and medical equipment and supplies
- Mental-health and substance-abuse services: inpatient and outpatient
- Emergency ambulance services

Some of the services not covered

- Adult day health and adult foster care
- Hospice
- Nursing-facility services
- Transportation services, except for emergency ambulance services

A more detailed description of the services covered and any limitations on this coverage can be found in the MassHealth regulations at 130 CMR 450.105. You may have a copayment for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible for premium assistance, your premiums will begin to get paid in the month after you give us information about your health insurance, and MassHealth has been able to determine this information is correct. If you do not have other health insurance, your coverage begins once you are enrolled in a health plan through MassHealth. For more information, see "Choosing a health plan and a doctor" on page 17.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000.

MassHealth Essential

This coverage type offers coverage to certain unemployed adults who are not eligible for MassHealth Basic by:

- paying for all or part of the cost of your other health-insurance premium; or
- allowing you to choose a MassHealth doctor if you do not have other health insurance.

If you are found eligible for Essential and think you have a serious disability, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss). You may be able to get more health-care benefits.

Who can get benefits

You may be eligible for MassHealth Essential if you are under the age of 65 and:

- you are currently not working,
- you have not worked in more than one year; or, if you have worked, you have not earned enough to collect unemployment,
- you are not eligible to collect unemployment benefits, and
- you are not eligible for MassHealth Basic.

Note: The following people are not eligible for MassHealth Essential:

- a college student who can get health insurance from his or her college or university, and
- a person whose spouse works more than 100 hours a month.

Income standards

You must give us proof of your monthly income before taxes and deductions for both you and your spouse. Your family's monthly income before taxes and deductions can be no more than 100% of the federal poverty level. See the chart on page 20 for the federal poverty levels.

Enrollment cap

MassHealth Essential coverage is authorized and funded by state legislation. This means MassHealth can only spend a certain amount of money for this coverage. Once this amount has been spent, MassHealth will stop enrollment for this coverage. Also, current legislation does not allow any money to be spent on Essential coverage after September 30, 2006.

Covered services

If MassHealth decides you can get MassHealth Essential, you can get coverage in one of two ways.

- Under premium assistance, MassHealth will pay part or all of your other health insurance premium. Your benefits will include all those services covered by your other health insurance.
- If you do not have other health insurance, you must choose a MassHealth doctor to manage your health-care needs.

After you have chosen a doctor, you may get the services listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services
- Outpatient services: hospitals, clinics, doctors, limited dental coverage, and family planning
- Medical services: lab tests, X rays, therapies, pharmacy services, and medical equipment and supplies
- Mental-health and substance-abuse services: inpatient and outpatient
- Emergency ambulance services

Some of the services not covered

- Eyeglasses and hearing aids
- Home-health care
- Adult day health and adult foster care
- Hospice
- Nursing-facility services
- Transportation services, except for emergency ambulance services

A more detailed description of the services covered and any limitations on this coverage can be found in the MassHealth regulations at 130 CMR 450.105. You may have a copayment for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible for premium assistance, your premiums will begin to get paid in the month after you give us information about your health insurance, and MassHealth has been able to determine this information is correct.

If you do not have other health insurance, your coverage begins once you have chosen a MassHealth doctor to manage your health-care needs. For more information, see "Choosing a health plan and a doctor" on page 17.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000.

MassHealth Prenatal

MassHealth Prenatal offers health-care benefits right away to pregnant women for up to 60 days. During the 60 days, MassHealth will decide if the pregnant woman can get another MassHealth coverage type.

Who can get benefits

You may be able to get MassHealth Prenatal if you are:

- pregnant.

Income standards

Your monthly income before taxes and deductions can be no more than 200% of the federal poverty level. Your unborn child (or children) is counted in your family size, so there are at least two people in your family. See the chart on page 20 for the federal poverty levels.

Pregnant women do not need to give us proof of income to get MassHealth Prenatal. But you must give proof of income (like two recent pay stubs) for MassHealth to make a final decision about your MassHealth coverage. If we do not get proof of your income, your benefits will end after 60 days.

Covered services

In MassHealth Prenatal, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them. Pregnant women may visit any MassHealth health-care provider.

- Routine prenatal office visits and tests

Some of the services not covered

- Labor and delivery services

Coverage begins

If you are eligible, your health-care coverage begins 10 calendar days before the date MassHealth gets your Medical Benefit Request.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000.

MassHealth Limited

This coverage type provides emergency health services to people who, under federal law, have an immigration status that keeps them from getting more services. (See page 20 for the citizenship and immigration rules.)

Who can get benefits

You may be able to get MassHealth Limited if you are:

- pregnant,
- under age 19,
- a parent living with his or her children under age 19, or
- disabled according to the standards set by federal law. This means you have a mental or physical condition that limits or keeps you from working for at least 12 months. MassHealth decides if you meet the disability standards.

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family.

For pregnant women and children under age one

Your family's monthly income before taxes and deductions can be no more than 200% of the federal poverty level. If you are pregnant, your unborn child (or children) is counted in your family size, so there are at least two people in your family.

If you are pregnant and meet these standards, you may also get services through the Healthy Start Program. (See page 16.) Children under age one who meet these standards may also get services through the Children's Medical Security Plan. (See page 15.)

For children aged one through 18

Your family's monthly income before taxes and deductions can be no more than 150% of the federal poverty level. These children may also get services through the Children's Medical Security Plan. (See page 15.)

For parents with children under age 19

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level.

For disabled adults

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level.

See the chart on page 20 for the federal poverty levels.

Note: Aliens who apply only for MassHealth Limited, CMSP, or HSP do not have to give us a social security number. This means MassHealth will not try to match their names with any other agency including the Department of Homeland Security (DHS). (See "How we will use your social security number" on page 18.)

Covered services

For MassHealth Limited, covered services include the ones listed below. You can get care only for medical emergencies (conditions that could cause serious harm if not treated). There may be some limits. Your health-care provider can explain them.

- Inpatient hospital emergency services including labor and delivery
- Outpatient hospital emergency services, and emergency visits to emergency rooms
- Certain services provided by doctors and clinics outside of a hospital
- Medical services: pharmacy services used to treat an emergency medical condition
- Ambulance transportation for an emergency medical condition

Some of the services not covered

- Care and services related to an organ-transplant procedure

Coverage begins

If you are eligible, your health-care coverage may begin 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

Eligible MassHealth Limited women will get a notice and card separate from their MassHealth notice and card. Pregnant MassHealth Limited/HSP members are eligible for the HSP through the end of their pregnancy and for 60 days postpartum.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000 and 522.000.

A more detailed description of the services or benefits included for each MassHealth coverage type can be found in the MassHealth regulations at 130 CMR 450.105.

Children's Medical Security Plan

The Children's Medical Security Plan (CMSP) provides health insurance for primary and preventive care for children and teenagers who do not have health-care coverage. Eligibility for this program is determined by MassHealth. If you are eligible, you will get a separate CMSP card.

Who can get benefits

You may be able to get coverage through the Children's Medical Security Plan if you are:

- under age 19, except children who are eligible for enrollment in any MassHealth coverage type. However, you may be enrolled in both MassHealth Limited and CMSP.

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family. There is no income limit for CMSP. If your monthly income before taxes and deductions is above 150% of the federal poverty level, you may have to pay a premium.

Covered services

For the Children's Medical Security Plan, covered services include the ones listed below. There may be some limits and copays. Your health-care provider can explain them.

- Outpatient services including preventive and sick visits
- Outpatient mental-health services and substance-abuse treatment up to 20 visits per fiscal year
- Outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes
- Prescription drugs up to \$200 per fiscal year
- Eye exams and hearing tests
- Durable medical equipment up to \$200 per fiscal year. Asthma-, diabetes-, and epilepsy-related durable medical equipment may be available up to an additional \$300 per fiscal year
- Dental services – maximum \$750 per fiscal year (This includes exams, X rays, cleanings, fluoride treatment, sealants, fillings, extractions, full or partial root canals, crowns, and space maintainers.) (Frequency limits apply to certain dental services.)

Coverage begins

If you are eligible, your health-care coverage begins on the date MassHealth makes your final eligibility determination.

Enrollment cap

MassHealth may limit the number of children who can be enrolled in CMSP. When MassHealth sets such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When MassHealth is able to open enrollment for CMSP, MassHealth will process the applications in the order they were placed on the waiting list.

Note: Children enrolled in CMSP with income up to and including 400% of the federal poverty level may be eligible for payment of medically necessary services not covered by CMSP at participating Massachusetts acute hospitals and community health centers. If the child's family income is above 201% of the federal poverty level and at or below 400% of the federal poverty level, an annual deductible based on income will apply. (See the Uncompensated Care Pool section on page 17.)

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 522.000.

Healthy Start Program

The Healthy Start Program (HSP) offers comprehensive prenatal and postpartum care for low-income pregnant women. Persons eligible for HSP must not be eligible for any other MassHealth coverage type, except MassHealth Limited. If you have MassHealth Limited coverage and you become pregnant, you must call MassHealth at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) right away to get HSP benefits too. If you are eligible for HSP, you will get a notice and an HSP card separate from the MassHealth notice and MassHealth card.

Who can get benefits

- pregnant women

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family. Family group gross income must be at or below 200% of the federal poverty level.

Covered services

For the Healthy Start Program, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them.

- All medical care necessary to maintain health during the course of the pregnancy and delivery, including newborn hospital care
- All medically necessary postpartum obstetric and gynecological care
- Newborn care, including one postpartum pediatric ambulatory visit
- Postpartum care continuing for 60 days following the termination of the pregnancy, plus an additional period extending to the end of the month in which the 60-day period ends

Coverage begins

If you are eligible, your health-care coverage begins 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

A more detailed description of the MassHealth eligibility requirements and covered services can be found in the MassHealth regulations at 130 CMR 522.000.

SECTION III

Other things you need to know

Choosing a health plan and a doctor

If you are approved for MassHealth Standard, Family Assistance, or Basic, and do not have other health insurance, you must choose a doctor and a health plan through MassHealth. If you are approved for MassHealth Essential and do not have other health insurance, you must choose a MassHealth doctor. Basic members cannot get benefits until they are enrolled in a health plan through MassHealth. Essential members cannot get benefits until they choose a MassHealth doctor. Standard and Family Assistance members without health insurance get coverage before they enroll in a health plan, but are still required to enroll.

Soon after we tell you that you can get MassHealth, we will send you information in an enrollment package that explains choices you have and tells you how to enroll. If you are eligible for MassHealth CommonHealth, Limited, or Prenatal, or have other health insurance, you do not have to choose a health plan or fill out an enrollment form.

Choosing a health plan and doctor for yourself and your family is an important decision. If you need help making this decision, you can call the toll-free telephone number that is in the enrollment package and talk to a Health Benefits Advisor. The Health Benefits Advisor is trained to help you make the choice that is best for you and your family.

More information about choosing a health plan through MassHealth can be found in the MassHealth regulations at 130 CMR 508.000.

Uncompensated Care Pool

The Uncompensated Care Pool pays hospitals and community health centers for certain services provided to low-income patients. The Pool is administered by the Division of Health Care Finance and Policy. Providers may be paid for eligible services to low-income patients (Massachusetts residents with family income at or below 400% of the federal poverty level). For information, contact the Division of Health Care Finance and Policy at 1-877-910-2100.

A more detailed description of the Uncompensated Care Pool regulations can be found at 114.6 CMR 10.00 through 12.00.

Out-of-state emergency treatment

MassHealth is a health-care program for people living in Massachusetts who get medical care in Massachusetts. In certain situations, MassHealth may pay for emergency treatment for a medical condition when a MassHealth member is out of state. If an emergency occurs while you are out of state, show your MassHealth card and any other health-insurance cards you have, if possible. Also, if possible, tell your primary-care provider or health plan within 24 hours of the emergency treatment. If you are not enrolled in a health plan through MassHealth, but instead get premium assistance, your other health insurance may also pay for emergency care you get out of state.

Reporting changes

Once you start getting MassHealth, you must let us know about certain changes within 10 days of the changes or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, and address. If you do not tell us about changes, you may lose your MassHealth benefits.

If you are or will soon be aged 65, and do not have children under age 19 living with you, you must meet certain income and asset requirements to keep getting MassHealth. We will send you a new form to fill out to give us the information we need to make a decision. If you can keep getting MassHealth, you will not get your medical care through a MassHealth managed-care plan. Instead, you can get your medical care from any other MassHealth health-care provider.

How we will use your social security number

You must give us a social security number (SSN) for every family member who is applying for MassHealth and who has been issued an SSN. However, you do not need to give us an SSN to get MassHealth Limited, CMSP, or Healthy Start. MassHealth may require you to give us the SSN, if you can get it, of any person not applying who has or can get health insurance that covers you or any member of your family. MassHealth will use your SSN to check information you have given us. We will also use it to detect fraud, see if anyone is getting duplicate benefits, or see if others (a “third party”) should be paying for services. MassHealth may match your SSN or the SSN of anyone in your family who is living with you. If MassHealth pays part of your health-insurance premiums, MassHealth may add your SSN or the SSN of the policyholder in your family to the State Comptroller’s vendor file. You or the policyholder in your family must have a valid SSN before you can get a payment from MassHealth. SSN files may be matched

with the files of agencies like the Internal Revenue Service, Social Security Administration, Alien Verification Information System, Registry of Motor Vehicles, Department of Revenue, Department of Transitional Assistance, Department of Industrial Accidents, Department of Employment and Training, Department of Veterans’ Services, Human Resource Division, Bureau of Special Investigations, and the Department of Public Health’s Bureau of Vital Statistics. Files may also be matched with social-service agencies in this state and other states, and computer files of banks and other financial institutions, insurance companies, employers, and managed-care organizations.

Confidentiality and fair treatment

MassHealth cannot discriminate against you because of race, color, sex, age, handicap, country of origin, sexual orientation, religion, or creed. MassHealth is committed to keeping confidential the personal information you give us during your application for and receipt of MassHealth benefits. We use the information you give us only for the administration of MassHealth. This means that we may need to share this information with our contractors and other entities. Any information we share must be kept confidential by that party. All personal information MassHealth has about any applicant or member, including medical data or health status, is confidential. This information may not be released for uses other than the administration of MassHealth without your permission or a court order. You can give us your permission in two different ways: 1) by filling out a MassHealth Eligibility Representative Designation Form; or 2) by giving us written permission to share your personal health information.

Eligibility representative

An eligibility representative is someone you choose to help you with some or all of the responsibilities of applying for or getting MassHealth. This person must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out an application or review form and other MassHealth eligibility forms, give MassHealth proof of information given on applications, review forms, and other MassHealth forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. To designate someone to be your eligibility representative, you and your eligibility representative must fill out a MassHealth Eligibility Representative Designation Form, which is included in the application packet, or you can call us to get one.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the MassHealth Eligibility Representative Designation Form, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or if the applicant or member has died, the estate's administrator or executor.

Permission to share information

If you want us to share your personal health information, including sending copies of your eligibility notices, with someone who is not your eligibility representative, you can do this by giving us written permission. We have a form you can use to do this. You can call us to get the MassHealth Permission to Share Information Form.

MassHealth and other health insurance

To get and keep MassHealth, you must:

- apply for and enroll in any health insurance that is available to you at no cost, including Medicare,
- enroll in health insurance when MassHealth determines it is cost effective for you to do so, or
- keep any health insurance that you already have.

You must also give MassHealth information about any health insurance that you or a family member already have or may be able to get. We will use this information to decide:

- if the services covered under your health insurance meet MassHealth's standards, and
- what we may pay toward the cost of your health-insurance premium.

Under MassHealth Family Assistance, MassHealth may pay part of your health-insurance premiums if you work for a qualified employer. (See "What is a qualified employer?" on page 10.) A health plan meets the Basic Benefit Level if it provides comprehensive medical coverage to its members including MassHealth-required health-care benefits.

MassHealth may buy group health insurance through MassHealth Standard/CommonHealth Premium Assistance for an eligible MassHealth Standard or MassHealth CommonHealth member, or a MassHealth Family Assistance member who is HIV positive. MassHealth will decide when to do this, based on the cost and services covered under the health insurance.

Under MassHealth Basic and MassHealth Essential, MassHealth pays part or all of your other health-insurance premium.

If you or members of your family are in an accident

If you or any members of your family are in an accident or are injured in some other way, and get money from a third party because of that accident or injury, you will need to use that money to repay MassHealth for certain medical services provided, as explained below.

- If you are applying for MassHealth because of an accident or injury, you will need to use that money to repay the costs paid by MassHealth for all medical services you and your family get.
- If you or any members of your family are in an accident, or are injured in some other way, after becoming eligible for MassHealth, you will need to use that money to repay only the costs paid by MassHealth for medical services provided because of that accident or injury.

Third parties who might give you or members of your family money because of an accident or injury include the following:

- a person or business who may have caused the accident or injury,
- an insurance company, including your own insurance company, or
- other sources, such as worker's compensation.

You must tell MassHealth in writing within 10 calendar days, or as soon as possible, of filing any insurance claims and lawsuits.

For more information about accident recovery, see the MassHealth regulations at 130 CMR 503.006 and Chapter 118E of the Massachusetts General Laws.

Recovery against estates of certain members who die

MassHealth has the right to get back money from the estates of certain MassHealth members after they die. In general, the money that must be repaid is for services paid by MassHealth for a member after the member turned age 55.

If a deceased member leaves behind a child who is blind, permanently and totally disabled, or under age 21, or a husband or wife, MassHealth will not require repayment while any of these persons are still living.

If real property, like a home, must be sold to get money to repay MassHealth, MassHealth, in limited circumstances, may decide that the estate does not need to repay MassHealth. The property must be left to a person who meets certain financial standards, and who has lived in the property, without leaving, for at least one year before the now-deceased member got MassHealth.

For more information about estate recovery, see the MassHealth regulations at 130 CMR 501.013 and Chapter 118E of the Massachusetts General Laws.

Certificates of Creditable Coverage

When your MassHealth coverage ends, MassHealth will give you a Certificate of Creditable Coverage if you were getting MassHealth Standard or CommonHealth, or if you were enrolled in a MassHealth health plan under MassHealth Family Assistance, Basic, or Essential. If you have a continuing medical condition when you enroll in a new health plan offered by other insurance, this certificate may allow you to shorten the waiting period or have no waiting period. More information is given on the Certificate.

Giving correct information

Giving incorrect or false information may end your benefits. It may also result in fines, imprisonment, or both.

How we count your family size

MassHealth looks at your family size and the income of all members of your family to decide if you are eligible for MassHealth or the Uncompensated Care Pool. In deciding family size, MassHealth counts parents (natural, step, and adoptive) and their children under the age of 19 who live with them. If neither parent is living at home, a family group may be children under the age of 19 and a caretaker relative who is not their parent who are all living together. We also count your unborn child (or children) as a member of your family. If you are married and have no children

under age 19, we count you and your spouse. A caretaker relative may choose to be part of the family or not.

How we count your income

MassHealth compares your family's monthly income (before taxes and other deductions) to the applicable federal poverty level in the chart below. If you get income on a weekly basis, we multiply the weekly income by 4.333 to get a monthly amount.

Federal Poverty Levels (Monthly)

Family Size	100%	133%	150%	200%	400%
1	\$798	\$1,061	\$1,197	\$1,595	\$ 3,190
2	\$1,070	\$1,422	\$1,604	\$2,139	\$ 4,277
3	\$1,341	\$1,784	\$2,012	\$2,682	\$ 5,364
4	\$1,613	\$2,145	\$2,419	\$3,225	\$ 6,450
5	\$1,885	\$2,506	\$2,827	\$3,769	\$ 7,537
6	\$2,156	\$2,868	\$3,234	\$4,312	\$ 8,624
7	\$2,428	\$3,229	\$3,642	\$4,855	\$ 9,710
8	\$2,700	\$3,590	\$4,049	\$5,399	\$10,797

Additional
Persons +\$272 +\$362 +\$408 +\$544 +\$1,086

MassHealth updates the federal poverty levels each April based on changes made by the federal government. The income levels above reflect the standards as of April 1, 2005.

Signing up to vote

Your MassHealth Member Booklet includes information about voter registration. You do not need to register to vote to get MassHealth.

Citizenship and immigration rules

When deciding if you are eligible for MassHealth, we look at all the requirements described under each coverage type and program. We also look at your citizenship and immigration status to decide if you may get a certain coverage type.

People who are citizens or meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Basic, Essential, or Prenatal.

1. People admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA). But see starred () paragraph below.

- *2. People granted parole for at least one year under section 212(d)(5) of the INA. But see starred (*) paragraph below.
- *3. Conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980. But see starred (*) paragraph below.
- 4. People granted asylum under section 208 of the INA.
- 5. Refugees admitted under section 207 of the INA.
- 6. People whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997.
- 7. People who entered as Cuban/Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980.
- 8. Native Americans with at least 50 percent American Indian blood who were born in Canada pursuant to section 289 of the INA or other tribal members born in territories outside of the United States pursuant to 25 U.S.C. 450b(e).
- 9. Amerasians admitted pursuant to section 584 of Public Law 100-202.
- 10. (a) Veterans of the United States (U.S.) Armed Forces with an honorable discharge not related to their alien status. (b) Filipino war veterans who fought under U.S. command during WWII. (c) Hmong and Highland Lao veterans who are admitted for legal permanent residence (LPR) and who fought under U.S. command during the Vietnam War. (d) Persons with alien status on active duty in the U.S. Armed Forces, other than active duty for training. (e) The spouse, surviving unremarried spouse, or unmarried dependent child of the alien described in (a) through (d).
- 11. Aliens or their unmarried dependent children, as defined in federal law, who have been subjected to battery or extreme cruelty by their spouse, parent, sponsor, or a member of their household, and who no longer live in the same household as the batterer.
- 12. Victims of severe forms of trafficking.

* To be eligible for MassHealth Standard, people described in immigration statuses 1, 2, and 3 above must:

- have entered the United States on or after August 22, 1996, and five years must have passed since attaining any of these three statuses (completed the “five-year bar”); or must have attained any of these three statuses before August 22, 1996; or must have been continually present since before August 22, 1996. “Continually present” applies only if the following three conditions are met: a) the date of entry into the United States is before August 22, 1996; b) the person attains any of these three statuses on or after August 22, 1996; and

c) the person has not had a single absence of greater than 30 days or a total of combined absences of greater than 90 days from the last date of entry into the United States to the date of attaining any of these statuses; or

- also be described in any of the above immigration statuses 4 through 12.

The following people cannot get MassHealth Standard: people who entered the United States on or after August 22, 1996, who have attained an immigration status described in 1, 2, or 3 below, and have not completed the “five-year bar,” or people who have entered the United States at any time and are permanently residing under color of law (PRUCOL) as described in 4 below. However, if they are:

- aged 19 or older, they may be eligible for MassHealth Limited if they meet the rules and income limits for Limited, or they may be eligible for MassHealth Essential and Limited if they are long-term unemployed and disabled; or
- under age 19, they may be eligible for any coverage type except Standard if they meet the rules and income limits for that coverage type, and they may get MassHealth Family Assistance instead of Standard if they meet the rules and income limits for Standard.

In addition, if they are under age 19 and are disabled according to the standards set by federal and state law, they can get MassHealth CommonHealth. If they are aged 19 or older and are a parent or a caretaker relative of a child under age 19, are pregnant, or are disabled according to the standards set by federal and state law, and meet the income limits for Standard, they can get Limited.

1. People admitted for legal permanent residence (LPR) under the INA.
2. People granted parole for at least one year under section 212(d)(5) of the INA.
3. Conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980.
4. People permanently residing in the United States under color of law (PRUCOL) as described below.
 - (a) Aliens living in the United States in accordance with an indefinite stay of deportation.
 - (b) Aliens living in the United States in accordance with an indefinite voluntary departure.
 - (c) Aliens and their families who are covered by an approved immediate relative petition, who are entitled to voluntary departure, and whose departure the United States Department of Homeland Security (DHS) does not contemplate enforcing.

- (d) Aliens who have filed applications for adjustment of status that the DHS has accepted as “properly filed,” and whose departure the DHS does not contemplate enforcing.
- (e) Aliens granted stays of deportation by court order, statute, or regulation, by individual determination of the DHS, or relevant DHS instructions, and whose departure DHS does not contemplate enforcing.
- (f) Aliens granted voluntary departure by the DHS or an Immigration Judge, and whose deportation the DHS does not contemplate enforcing.
- (g) Aliens granted deferred action status.
- (h) Aliens living under orders of supervision.
- (i) Aliens who have entered and continuously lived in the United States since before January 1, 1972.
- (j) Aliens granted suspension of deportation, and whose departure the DHS does not contemplate enforcing.
- (k) Any other aliens living in the United States with the knowledge and consent of the DHS, and whose departure the DHS does not contemplate enforcing. (These include permanent nonimmigrants as established by Public Law 99-239, and persons granted Extended Voluntary Departure due to conditions in the alien’s home country based on a determination by the Secretary of State.)

If your immigration status is not described above, you may be eligible for MassHealth Limited, CMSP, or Healthy Start.

Note: People who were getting MassHealth, formerly known as Medical Assistance, or CommonHealth on June 30, 1997, may continue to get benefits regardless of immigration status if otherwise eligible.

The eligibility of immigrants for publicly funded benefits is defined in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the federal Balanced Budget Act of 1997, and in various provisions of state law. For additional details, see the MassHealth regulations at 130 CMR 504.000.

Where to call for help

For questions about:

- ☐ the status of your Medical Benefit Request
- ☐ member eligibility

- ☐ general eligibility
- ☐ MassHealth benefits
- ☐ enrollment into a health plan

- ☐ how to get a Medical Benefit Request
- ☐ how to get a MassHealth Permission to Share Information Form

- ☐ estate recovery

- ☐ Breast and Cervical Cancer Treatment Program

- ☐ Children's Medical Security Plan

- ☐ Healthy Start Program

- ☐ eligibility for the visually impaired

- ☐ appeals – fair hearings

Call:

MassHealth Enrollment Center
1-888-665-9993
(TTY: 1-888-665-9997 for people with partial or total hearing loss)

MassHealth Customer Service Center
1-800-841-2900
(TTY: 1-800-497-4648 for people with partial or total hearing loss)

MassHealth Enrollment Center or MassHealth Customer Service Center
(See phone numbers above.)

Benefit Coordination/Third Party Liability
1-800-462-1120

Women's Health Network
(Department of Public Health) 1-877-414-4447
(TTY: 617-624-5992 for people with partial or total hearing loss)

1-800-909-2677 (for questions about premiums, covered services, and finding a provider)

1-888-488-9161 (for questions about premiums, covered services, and finding a provider)

Massachusetts Commission for the Blind at:
1-800-392-6450 and ask for medical assistance
(TTY: 1-800-392-6556 for people with partial or total hearing loss)

Board of Hearings
2 Boylston Street
Boston, MA 02116
617-210-5800 or 1-800-655-0338
(fax) 617-210-5820



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

This page contains two important updates for the MassHealth Member Booklet.

1. Certain disabled noncitizens under age 65, with an immigration status or United States entry date that does not allow certain federal government-paid benefits, may be eligible for additional MassHealth benefits for a certain period of time. Family group income must be at or below 100% of the federal poverty level. Contact the MassHealth Customer Service Center at the telephone number in the enclosed MassHealth member booklet for more information.
2. Persons who are not getting prescription drug benefits under MassHealth, who are either under age 65 and disabled, or are aged 65 or older, and want information about help with prescription drug costs, may call the Elder Affairs Prescription Advantage Program at 1-800-AGE-INFO.

IMPORTANT INFORMATION ABOUT VOTER REGISTRATION



Dear Applicant or Member:

The National Voter Registration Act of 1993 requires MassHealth to give you the opportunity to register to vote. Your decision to register to vote will not affect your eligibility for MassHealth.

If you would like a mail-in voter registration form sent to you, please call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

When you get the form, fill it out and send it to your city or town hall. If you have any questions about the voter registration process, or if you need help filling out the form, call one of the telephone numbers listed above.

Remember: You will not be registered to vote until you send the filled-out voter registration form to your local city or town hall. Your local election department will let you know in writing when your voter registration has been processed. If you do not get written notification within a reasonable time, contact your local city or town hall election department for more information.

*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth*

VOTE-3 (Rev. 04/04)

Do you have a child under 5?

★ Are you pregnant or
breastfeeding? ★

WIC OFFERS FAMILIES

- Personalized nutrition consultations
- Checks for free, healthy food
- Tips for eating well to improve health
- Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family

To learn more about WIC or to
see if your family is eligible

call **1-800-WIC-1007**

or visit www.fns.usda.gov/wic



WIC Nutrition Program
Nutrition Division
MA Department of Public Health
TDD/TTY: 617-624-5992

USDA is an equal opportunity provider and employer.

2/04, #78



Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth